PTO/SB/06 (08-03)

Approved for use through 7/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 10 202CLAIMS AS FILED - PART I OTHER THAN (Column 1) SMALL ENTITY (Column 2) OR SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA RATE FEE RATE BASIC FEE FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = X \$ OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 = OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN (Column 1) OR (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING PRESENT AMENDMENT. NUMBER RATE ADD RATE ADDI-**AFTER** PREVIOUSLY EXTRA TION AMENDMENT TIONAL PAID FOR FEE Total (37 CFR 1.16(c)) FEE Minus OR Minus X \$ OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ω REMAINING NUMBER PRESENT RATE ADDI-EN RATE ADDI-AFTER PREVIOUSLY **EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total Minus (37 CFR 1.16(c)) IENDI OR Independent (37 CFR 1,16(b)) Minus X \$ = OR X \$ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR + 5 TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING PRESENT NUMBER RATE ADDI-ENT RATE ADDI-AFTER **PREVIOUSLY EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE FEF Total NDM Minus (37 CFR 1.16(c)) OR Independent (37 CFR 1.16(b)) Minus 回 OR = FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL ADD'L FEE OR ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application	OLT	ocket)	Number
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		1/5	051

CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPE OF		OR	OTHER THAN			
TOTAL CLAIMS		.35					RATE	FEE	7	RATE	FEE	
FOR NUMBER FILED		NUME	BER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00			
TC	TAL CHARGE	ABLE CLAIMS	35 mir	nus 20=	•	5		XS 9=		OR	X\$18=	270
INE	INDEPENDENT CLAIMS minus 3 = 3							X43=		OR	X86=	288
ML	MULTIPLE DEPENDENT CLAIM PRESENT							+145=		OR		
* If	the difference	in column 1 is	less than ze	ero, enter	"0" in c	column 2	ı	TOTAL		OR	TOTAL	1298
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						. .	SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=	1 [X\$ 9=		OR	X\$18=	
AME	Independent	NTATION OF MI	Minus	***	CLAIM	-	} [X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					,	+145=		OR	+290=			
(5 00 27 42 24					-	TOTAL ODIT. FEE		OR	TOTAL ADDIT. FEE			
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST												
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	•	Minus	**		=	11	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	C! A!!!		1 [X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145= OR +290=												
TOTAL OR TOTAL ADDIT, FEE												
(Column 1) (Column 2) (Column 3)												
AMENDMENT C	`	CLAIMS REMAINING AFTER AMENDMENT	•	HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON N	Total	*	Minus .	••		=		X\$ 9=		OR	X\$18=	
AME.	Independent		Minus	***		=		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "High st Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ** ADDIT SEE OR +290= OR +290= OR ADDIT SEE												
If the "High st Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												